| _                       |  |   |              |                                     |                  |                  |            | 1                 | 09                     | 7/        | 74:                 | 5_3                    |  |  |
|-------------------------|--|---|--------------|-------------------------------------|------------------|------------------|------------|-------------------|------------------------|-----------|---------------------|------------------------|--|--|
|                         | PATENT A                                       | APPLICATION Effec                         | ON FEE D     |                                     |                  | ON RECO          | RD         | KIN KIN           | Application            | or D      | ocket Nun           | nber<br>にご             |  |  |
|                         | CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |              |                                     |                  |                  |            |                   | SMALL ENTITY TYPE      |           |                     | OTHER THAN             |  |  |
| TO                      | TAL CLAIMS                                     | 30  |              | 8.                                  |                  | Ī                | RATE       | FEE               | 1                      | RATE      | FEE                 |                        |  |  |
| FC                      | R  | NUMBER FILED                              |              | NUMBER EXTRA                        |                  |                  | BASIC FE   | E 355.00          | OR                     | BASIC FEE |                     |                        |  |  |
| TOTAL CHARGEABLE CLAIMS |  |   | 30 minus 20= |                                     | · 10             |                  | Ė          | X\$ 9=            | 9000                   | 1         | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS      |  |   | minus 3 =    |                                     | 3                |                  | ` <b> </b> |                   |                        | 1         | X80=                |                        |  |  |
| ΜĻ                      | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT       |                                     | -                |                  | ` <b> </b> |                   | 120,00                 | 1         |                     |                        |  |  |
| • 11                    | the difference                                 | in column 1 is                            | less than ze | ero, enter                          | <b>"0</b> " in c | column 2         | L          | +135=<br>TOTAL    | 611                    | OR        | +270≈               |                        |  |  |
|                         | CI   | LAIMS AS A                                | MENDE        | ) - PARI                            | - II             |                  |            | TOTAL             | 565                    | OR        | OTHER               | THAN                   |  |  |
|                         | ,  | (Column 1)                                |              | (Colum                              | n 2)             | (Column 3)       | _          | SMALL             | ENTITY                 | OR        | SMALL               |                        |  |  |
| AMENDMENT A             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F   | ER<br>USLY       | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|                         | Total  | · 43                                      | Minus        | - 30                                | 2                | 3                |            | X\$ 9=            | 267                    | OR        | X\$18≂              |                        |  |  |
| AME                     | Independent                                    | •   | Minus        | •••                                 |                  | =                |            | X40=              |                        | OR        | X80=                |                        |  |  |
| _                       |  | NTATION OF M                              |              |                                     |                  |                  | \          | +135=             | 140                    | OR        | +270=               |                        |  |  |
|                         | agu 1  | Ray me                                    | x q          | <i>₩1,14</i>                        | کد               |                  | L          | TOTAL<br>DIT. FEE | 317                    |           | TOTAL<br>ADDIT. FEE |                        |  |  |
|                         |  | (Column 1)                                |              | (Colum                              | n 2)             | (Column 3)       |            |                   |                        | o/        | )                   |                        |  |  |
| AMENDMENT B             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F   | ER<br>USLY       | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE | O'        | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|                         | Total  | .105                                      | Minus        | 4                                   | 3_               | 22               | lſ         | X\$ 9=            | 198                    | OR        | X\$18=              |                        |  |  |
|                         | Independent                                    | • /                                       | Minus        | 6                                   |                  | <u>=0</u>        | ╽┟         | X40=              |                        | OR        | X80=                |                        |  |  |
| _                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                     |                  |                  |            | +135=             |                        | OR        | +270=               |                        |  |  |
|                         | in   | er gai                                    | gnen         | t g                                 | 21               | 7                | L          | TOTAL             |                        |           | TOTAL               |                        |  |  |
|                         |  | (Column 1)                                | U            | (Colum                              | n 2)             | (Column 3)       | ΑĹ         | DIT. FEE          | <del></del>            |           | ADDIT. FEE          |                        |  |  |
| ENTC                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>. PREVIO<br>PAID F | ST<br>ER<br>USLY | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMEN                | Total  | •   | Minus        | ••                                  |                  | =                | ΙГ         | X\$ 9=            |                        | OR        | X\$18=              |                        |  |  |
|                         | Independent                                    | •   | Minus        |                                     |                  | =                | <b> </b> - | X40=              |                        |           | X80=                |                        |  |  |
| _                       | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE   | PENDENT                             | CLAIM            |                  | <b>╿</b>   |                   |                        | OR        |                     |                        |  |  |
|                         |  | mn 1 is less than t                       |              |                                     |                  |                  | L          | +135=<br>TOTAL    |                        | OR        | +270=<br>TOTAL      |                        |  |  |
|                         |  | mber Previously P<br>mber Previously P    |              |                                     |                  |                  | - AC       | DIT. FEE          |                        | OR        | ADDIT. FEE          |                        |  |  |